

AUG 29 2005

FAX TRANSMISSION**DATE:** August 29, 2005**PTO IDENTIFIER:** Application Number 09/858141-Conf. #1730
Patent Number**Inventor:** Jay Ryan TORGERSON**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

Kevin J. Canning

PHONE: (617) 227-7400**Attorney Dkt. #:** MWS-006**PAGES (Including Cover Sheet):** 21**CONTENTS:** Fee Transmittal (1 page in duplicate)
Amendment (13 pages)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page in duplicate)
Amendment Transmittal (1 page in duplicate)
Charge \$120.00 to deposit account 12-0080
Certificate of Transmission (1 page)

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PTO/SB/97 (09-04)

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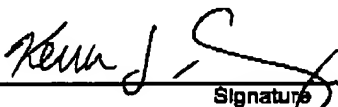
Application No. (if known): 09/858141

Attorney Docket No.: MWS-006

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on August 29, 2005
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Kevin J. Canning

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35,470

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Fee Transmittal (1 page in duplicate)

Amendment (13 pages)

One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page in duplicate)

Amendment Transmittal (1 page in duplicate)

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AMENDMENT TRANSMITTAL LETTER			Docket No. MWS-006	
Application No. 09/858141-Conf. #1730		Filing Date May 14, 2001		Examiner L. A. Ries
				Art Unit 2176

Applicant(s): Jay Ryan TORGERSON

Invention: A SYSTEM AND METHOD OF NAVIGATING AND CREATING ELECTRONIC HIERARCHICAL DOCUMENTS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	35	- 41 =		x	
Independent Claims	7	- 7 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					120.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					120.00

☒ Large Entity ☐ Small Entity

☐ No additional fee is required for this amendment.

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☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

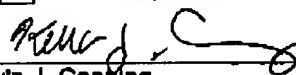
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☒ Credit any overpayment.

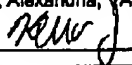
☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Dated: August 29, 2005

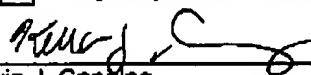
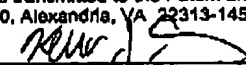

 Kevin J. Canning
 Attorney Reg. No.: 35,470

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Dated: August 29, 2005 Signature:  (Kevin J. Canning)

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AMENDMENT TRANSMITTAL LETTER			Docket No. MWS-006		
Application No. 09/858141-Conf. #1730	Filing Date May 14, 2001	Examiner L. A. Ries	Art Unit 2176		
Applicant(s): Jay Ryan TORGERSON					
Invention: A SYSTEM AND METHOD OF NAVIGATING AND CREATING ELECTRONIC HIERARCHICAL DOCUMENTS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	35	- 41 =		x	
Independent Claims	7	- 7 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					120.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					120.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>120.00</u> . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Kevin J. Canning Attorney Reg. No.: 35,470 LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400			Dated: <u>August 29, 2005</u>		
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AUG 29 2005

PTC/SS/17 (12-04v2)

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FEE TRANSMITTAL For FY 2005		Complete If Known	
		Application Number	09/858141-Conf. #1730
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	May 14, 2001
		First Named Inventor	Jay Ryan TORGERSON
TOTAL AMOUNT OF PAYMENT (\$) 120.00		Examiner Name	L. A. Ries
		Art Unit	2176
		Attorney Docket No.	MWS-006

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

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☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
35	-41 =	x			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
7	-7 =	x			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50	(round up to a whole number) x		

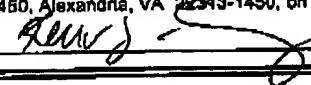
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1251 Extension for response within first month	120.00

SUBMITTED BY		Registration No.	35,470	Telephone	(817) 227-7400
Signature		(Attorney/Agent)		Date	August 29, 2005
Name (Print/Type)	Kevin J. Canning				

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Dated: August 29, 2005

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PTO/SB/17 (12-04-2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4518). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 09/858141-Conf. #1730 Filing Date May 14, 2001 First Named Inventor Jay Ryan TORGERSON Examiner Name L. A. Ries Art Unit 2176 Attorney Docket No. MWS-008	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER	
TOTAL AMOUNT OF PAYMENT (\$) 120.00		AUG 29 2005	

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							Small Entity Fee (\$)
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims	
35		- 41 =	x			Fee (\$)	
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
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SUBMITTED BY			
Signature	<i>Kevin J. Canning</i>	Registration No. (Attorney/Agent)	35,470
Name (Print/Type)	Kevin J. Canning	Telephone	(617) 227-7400
		Date	August 29, 2005

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